

Loving Family Animal Hospital



14605 E. Arapahoe Rd.
Aurora, CO 80016
303-680-5050

New Client Grooming Information Sheet

Thank you for giving us the opportunity to care for your pet.
We'll be happy to answer any questions you have about your pet's health and care.
To ensure the best care possible, please take the time to fill in this form completely.

Owner _____ Children's Names _____
Address _____ Apt/Suite # _____ County _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email Address _____ Driver's License # _____
Emergency Contact _____ Number _____ Relationship: _____
How did you learn of our hospital? Yellow Pages _____ Recommendation _____ By whom? _____
Sign/Location _____ Direct Mailer _____ Door hanger _____ Previous Client _____ Magazine _____
24 Hr. Service _____ Website _____ Other (Google, Yelp etc.) _____
Regular/Prior veterinarian: _____ Phone # _____
Other pet's names _____ May we call to get records on your pet(s)? _____

Pet Information

Name of pet: _____ Dog ___ Cat ___ Other _____
Breed: _____ Color: _____
Birthdate or Age: _____ Gender: Male ___ Female ___ Is your pet Neutered or Spayed? Yes ___ No ___
Has your pet received vaccinations in the last year? Yes ___ No ___ Where? _____
Any medical conditions we should be aware of? No ___ Yes ___ If Yes, explain: _____
Any sensitivities or allergies to grooming products or food? _____
Is your pet groomed regularly? _____ If yes, do they have any special needs? _____
Grooming/styling preferences: _____
Are you ok leaving your pet with us for grooming? Yes ___ No ___ If no, please explain your concerns: _____

Authorization

I hereby authorize the groomer to perform services on my pet per my request. I assume responsibility for all charges incurred in the care of this animal. I understand that the charges are not set in stone and that additional charges may be accrued per the groomers recommendations. I also understand that these charges may vary depending on the quality and condition of my pet's coat. I agree that services will be paid in full upon picking up my pet. We accept cash, checks, all major credit cards, & Care Credit which can be approved in as little as 10 minutes.

Signature of Owner or responsible agent _____ Date: _____